

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007507

FILED
Apr 29, 2008
Secretary of State

Entity Name: UNIVERSIDAD INTERAMERICANA DE PUERTO RICO, INC.

Current Principal Place of Business:

399 GALILEO ST. JARDINES METROPOLITANOS
SAN JUAN, PR 009274518

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 363255
SAN JUAN, PR 009363255

New Mailing Address:

FEI Number: 66-0177776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TORRES-CARABALLO, ANNETTE MRS.
3201 EAST COLONIAL DRIVE
SITE U-4
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MAYOL, PEDRO M. DR.
Address: 399 GALILEO ST. JARDINES METROPOLITANOS
City-St-Zip: SAN JUAN, PR 009274518

Title: VC () Delete
Name: PLAZA, LUIS ESQ
Address: 399 GALILEO ST. JARDINES METROPOLITANOS
City-St-Zip: SAN JUAN, PR 009274518

Title: D () Delete
Name: SIGAS, ENRIQUE ESQ
Address: 399 GALILEO ST. JARDINES METROPOLITANOS
City-St-Zip: SAN JUAN, PR 009274518

Title: D () Delete
Name: VIDAL, MARCOS
Address: 399 GALILEO ST. JARDINES METROPOLITANOS
City-St-Zip: SAN JUAN, PR 009274518

Title: P () Delete
Name: FERNOS, MANUEL J. ESQ
Address: 399 GALILEO ST. JARDINES METROPOLITANOS
City-St-Zip: SAN JUAN, PR 009274518

Title: V () Delete
Name: ECHEVARRIA, AGUSTIN ESQ
Address: P.O. BOX 363255
City-St-Zip: SAN JUAN, PR 009363255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PAVIA, ANTONIO
Address: 399 GALILEO ST. JARDINES METROPOLITANOS
City-St-Zip: SAN JUAN, PR 009274518

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL J. FERNOS, ESQ.

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date